No. 2022-7469

Official Order of the Texas Commissioner of Workers' Compensation

Date: 8/30/2022

Subject Considered:

Wellfleet Insurance Company 475 Round Rock West Dr., Ste. 110 Round Rock, Texas 78681-5010

Consent Order DWC Enforcement File No. 28205

General remarks and official action taken:

This is a consent order with Wellfleet Insurance Company (Respondent). The commissioner of the Texas Department of Insurance, Division of Workers' Compensation (DWC) considers whether DWC should take disciplinary action against Respondent.

Waiver

Respondent acknowledges that the Texas Labor Code and other applicable laws provide certain rights. Respondent waives all of these rights, and any other procedural rights that apply, in consideration of the entry of this consent order.

Findings of Fact

- 1. Respondent holds a certificate of authority issued by the Texas Department of Insurance to transact the business of insurance pursuant to Tex. Ins. Code §§ 801.051-801.053 and is licensed to write multiple lines of insurance in Texas, including workers' compensation/employers' liability insurance.
- 2. Respondent was not selected to be tiered in any Performance Based Oversight assessments.

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Failure to Timely Initiate Payment of Accrued Temporary Income Benefits.

3. Respondent was required to pay temporary income benefits (TIBs) to an injured employee for 41 consecutive weeks for the period of the second to the second to the transmission of the TIBs payments were due seven days after the first day of each pay period. Respondent issued one lump sum payment or the second to the secon

| | TIBs Week | Due Date | Days |
|-----|-----------|----------|------|
| | | | Late |
| a. | | | 276 |
| b. | | | 269 |
| C. | | | 262 |
| d. | | | 255 |
| e. | | | 248 |
| f. | | | 241 |
| g | | | 234 |
| h. | | | 227 |
| i. | | | 220 |
| j. | | | 213 |
| k. | | | 206 |
| Ι. | | | 198 |
| m. | | | 192 |
| n. | | | 185 |
| 0. | | | 178 |
| p. | | | 170 |
| q. | _ | | 164 |
| r. | | | 157 |
| S. | | | 150 |
| t. | _ | | 143 |
| u. | | | 136 |
| ٧. | | | 129 |
| w. | | | 122 |
| х. | | | 115 |
| у. | | | 108 |
| Ζ. | | | 101 |
| aa. | | | 94 |

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| bb. | | | 87 |
|-----|--|--|----|
| CC. | | | 80 |
| dd. | | | 73 |
| ee. | | | 65 |
| ff. | | | 59 |
| gg. | | | 52 |
| hh. | | | 45 |
| ii. | | | 38 |
| jj. | | | 30 |
| kk. | | | 24 |
| II. | | | 17 |
| mm. | | | 10 |
| nn. | | | 3 |

Assessment of Sanction

- 1. Failure to provide income benefits in a timely and cost-effective manner is harmful to injured employees and the Texas workers' compensation system.
- 2. In assessing the sanction for this case, DWC fully considered the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e):
 - the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act;
 - the history and extent of previous administrative violations;
 - the violator's demonstration of good faith, including actions it took to rectify the consequences of the prohibited act;
 - the penalty necessary to deter future violations;
 - whether the administrative violation had a negative impact on the delivery of benefits to an injured employee;
 - the history of compliance with electronic data interchange requirements;
 - to the extent reasonable, the economic benefit resulting from the prohibited act; and
 - other matters that justice may require, including, but not limited to:
 - PBO assessments;
 - o prompt and earnest actions to prevent future violations;
 - o self-report of the violation;
 - o the size of the company or practice;
 - the effect of a sanction on the availability of health care; and

- evidence of heightened awareness of the legal duty to comply with the Texas Workers' Compensation Act and DWC rules.
- 3. DWC found the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e) to be aggravating: the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act; the penalty necessary to deter future violations; and whether the administrative violation had a negative impact on the delivery of benefits to an injured employee.
- 4. DWC found the following mitigating factors pursuant to Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e): Respondent's lack of previous disciplinary history, and their prompt and earnest actions to prevent future violations.
- 5. Respondent acknowledges communicating with DWC about the relevant statute and rule violations alleged; that the facts establish that the administrative violation(s) occurred; and that the proposed sanction is appropriate, including the factors DWC considered under Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).
- 6. Respondent acknowledges that, in assessing the sanction, DWC considered the factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).

Conclusions of Law

- 1. The commissioner has jurisdiction over this matter pursuant to Tex. Lab. Code §§ 402.001, 402.00114, 402.00116, 402.00128, 414.002, and 414.003.
- 2. The commissioner has the authority to dispose of this case informally pursuant to Tex. Gov't Code § 2001.056, Tex. Lab. Code §§ 401.021 and 402.00128(b)(6)-(7), and 28 Tex. Admin. Code § 180.26(h) and (i).
- 3. Respondent has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intent to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, a rehearing by the commissioner, and judicial review.

- 4. Pursuant to Tex. Lab. Code § 415.021, the commissioner may assess an administrative penalty against a person who commits an administrative violation.
- 5. Pursuant to Tex. Lab. Code § 415.002(a)(20), an insurance carrier or its representative commits an administrative violation each time it violates a DWC rule.
- 6. Pursuant to Tex. Lab. Code § 415.002(a)(22), an insurance carrier or its representative commits an administrative violation each time it fails to comply with a provision of the Texas Workers' Compensation Act.
- 7. Pursuant to Tex. Lab. Code §§ 408.081, 409.023, and 415.002(a)(16), an insurance carrier must pay benefits weekly, as and when the benefits accrue, without order from the commissioner.
- 8. Pursuant to Tex. Lab. Code §§ 408.081, 408.082, and 409.021 and 28 Tex. Admin. Code §§ 124.3 and 124.7, an insurance carrier is required to initiate payment of TIBs no later than the 15th day after it receives written notice of the injury or the seventh day after the accrual date, unless the insurance carrier notifies DWC and the injured employee in writing of its refusal to pay.
- 9. Respondent violated Tex. Lab. Code §§ 409.021, 415.002(a)(16),(20) and (22), and 28 Tex. Admin. Code §§ 124.3 and 124.7 each time Respondent failed to timely pay TIBs.

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Order

It is ordered that Wellfleet Insurance Company must pay an administrative penalty of \$15,000.00 within 30 days from the date of this order. Wellfleet Insurance Company must pay the administrative penalty by company check, cashier's check, or money order and make it payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: DWC Enforcement Section, MC AO-9999, P.O. Box 12030, Austin, Texas 78711-2030.

Jeff Nelson

Commissioner TDI, Division of Workers' Compensation

Approved Form and Content:

Connor Ambrosini Staff Attorney, Enforcement Compliance and Investigations TDI, Division of Workers' Compensation

Confidential Information Redacted Texas Labor Code §§402.083 and 402.092

Unsworn Declaration

| STATE OF | CT | § |
|-----------|-----------|---|
| | | § |
| COUNTY OF | Fairfield | § |

Pursuant to the Tex. Civ. Prac. and Rem. Code § 132.001(a), (b), and (d), my name is <u>Collin Shandra</u>. I hold the position of <u>Claims Team Lead</u> and am the authorized representative of Wellfleet Insurance Company. My business address is:

| PO BOX 113247 | Stamford | Fairfield, CT /// | 06911 , |
|---------------|----------|----------------------|------------|
| (Street) | (City) | (County) (State) | (ZIP Code) |

I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the facts stated in this document are true and correct.

Collín Shandra

Declarant

Executed on 8/28 , 2022.

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